

**2012 YWCA/Church at Stony Hill/The Gift Exchange Co-Ed T-Ball
Emergency/Release Form (for each child)**

PLEASE PRINT

Child's Name: _____ Date of Birth _____

Address: _____ City: _____ Zip: _____ Age: _____

Home Phone # _____ Work Phone# _____

Cell Phone # _____

Church at Stony Hill requests that each participant consult with his or her physician to any past or present illness/injury that may affect his/her ability to participate in T-Ball.

I, undersigned, acknowledge that I have read the above paragraph that I understand it, and I have discussed any illness/injury with a physician.

I agree to be solely responsible for any and all claim, costs, damages or expenses suffered in incurred by my child, myself, or my other party, as a result of my child's participating in the T-Ball program (including any personal injury or property damage or any death at any time resulting there from) and further agree to indemnify, defend and hold harmless the Church At Stony Hill staff and instructors from any such claims, cost, damages or expenses arising out of or alleged to arise out of any such personal injury or property damage or any death at any time resulting there from.

Signature of Parent/Guardian/Participant

Date

Printed Name of Parent/Guardian/Participant

IN CASE OF EMERGENCY

I give the Church Stony Hill permission to obtain medical attention for my child in case of accident, injury or acute illness, if a parent or person listed to contact in case of an emergency, cannot be reached. I agree to pay all expenses incurred.

Signature of Parent/Guardian/Participant

Date

Person to contact in an emergency: _____

Phone #: _____ Relationship to the child: _____

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Please note allergies, chronic or recurring illnesses or anything significant the instructors should be aware of:

FORM MUST BE RETURNED WITH THE REGISTRATION FORM AND PAYMENT